

A decorative graphic on the left side of the slide, consisting of a network of white lines and small circles on a blue gradient background, resembling a circuit board or a neural network.

# INTERPRETER REQUEST PROCEDURES

# COMPLETE THE COMMUNICATION ACCOMMODATION REQUEST (CAR) FORM

## DHHS CAR FORM

### Communication Accommodation Request Form

Communication Accommodation Request Form (CARF) for DHHS for communication accommodations. Please submit in AWARE for an Activity Due to DHHS. Providers can email the completed form to:

[dhhs.car@fssa.in.gov](mailto:dhhs.car@fssa.in.gov)

#### Requestor Information:

Date (MM/DD/YY)	VR Requestor Name:
7/16/2019	Davina Brimmer

## STATE CRF FORM

### Vocational Rehabilitation Communication Request Form

Vocational Rehabilitation (VR) Communication Request Form (CRF) must be initiated by the VR counselor for VR consumer's communication accommodations and completed in detail. Please email the completed form to

[state@luna360.com](mailto:state@luna360.com).

Additional instructions on page #2

Date (M/D/Y)	Requestor Name:
07/08/19	Davina Brimmer

# SEND THE CAR FORM TO DHHS

## EMAIL

- [DHHS.CAR@fssa.in.gov](mailto:DHHS.CAR@fssa.in.gov)
  - CAR will be attached

## AWARE

- Activity Due
- Attachments - CAR will be attached

# DHHS WILL UPLOAD THE ESTIMATE & COMMUNICATION SERVICE SUMMARY (CSS) FORMS INTO AWARE ATTACHMENTS



### 1. Description

Category

Fiscal

?

Attachment Date\*

10/22/2019

?

Source

DHHS

?

☒ Share Attachment 

?

### 2. Additional Information

Summary

Estimate for Authorization

Comments

Estimate for authorization: appt: 10/25/19 time: 1030a-1230p vendor: Shellby Bennett. Please include the appointment date and time in the special provisions section of the authorization. Thank you! Kellyeanne Norrod DHHS

?

# EXAMPLE OF AN ESTIMATE – THIS IS THE FORM USED FOR AUTHORIZATION PURPOSES

Estimate - (Vendor)										
VR Counselor:						Participant:				
<a href="#">VRC Email:</a>						Location:				
<a href="#">POC Information:</a>						Date:				
Date of Service	Start Time	End Time	CC	Assignment Name	Weeks	Weekly Sessions	Hours Per Assignment	Total Hours	Unit Cost	Amount
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
Travel Time				Mileage			Sub Total Amount			
Travel Time				Mileage			CC 19-35 \$ -			
Rate FALSE				Rate \$ 0.38						
CC	19-31	\$ -		CC	19-32	\$ -	Interpreter Amount \$ -			
No Show				Cancellation Fee			Total Hours 0.00			
CC	19-17	\$0.00		CC	19-33	\$0.00	Authorization Amount			
								\$ -		

# EXAMPLE OF THE COMMUNICATION SERVICE SUMMARY (CSS) FORM

- The interpreter will attach this completed form in to their payment request as documentation for the claim

Communication Service Summary					
Interpreter					
Provider's Information					
Interpreter					
Assignment Information					
Participant:					
Location:					
Code	Description	Date	Start Time	End Time	Unit Hours
19-35	Regular	1/0/1900	12:00:00 AM	12:00:00 AM	
19-33	Late Cancel	1/0/1900	12:00:00 AM	12:00:00 AM	
19-17	No Show	1/0/1900	12:00:00 AM	12:00:00 AM	
Mileage - 19-32				Travel 19-31	
0				0	
This verifies that services were provided for the above appointment(s).					
Signature: _____ Date: _____					
Provider's Comments:					
Please note:					
Two hour minimum for the first state job of the day					
Mileage is estimated using Rand McNally shortest distance per State policies					
Travel needs to be requested at time of acceptance of assignment					

# DHHS WILL ASSIGN THE VRCC AN ACTIVITY DUE

Please make sure that the assignment information is in the Special Provisions area of the authorization that are printed on the authorization.

**1. General**

Activity\*

Authorization

?

Status\*

Pending

?

Due Date\*

10/22/2019

?

Days from Today

0

☐ Set as Default

Reminder Date

?

Days from Due

☐ Set as Default

Priority

(Not Completed)

?

Recur In (Days)

0

?

Comments

?

Estimate in attachments: appt: 10/25/19 time: 1030a-1230p vendor: Shelby Bennett. Please include the appointment date and time in the special provisions section of the authorization. Thank you! Kellyanne Norrod DHHS

**2. Assigned To**